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**TITLE 405 OFFICE OF THE SECRETARY OF
FAMILY AND SOCIAL SERVICES**

LSA Document #01-304(F)

DIGEST

Adds 405 IAC 1-18 to specify Medicaid reimbursement methodology for Medicare cross-over claims. Effective 30 days after filing with the secretary of state.

405 IAC 1-18

SECTION 1. 405 IAC 1-18 IS ADDED TO READ AS FOLLOWS:

Rule 18. Reimbursement of Medicare Cross-Over Claims

405 IAC 1-18-1 Definitions

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-15-13; IC 12-15-14

Sec. 1. (a) The definitions in this section apply throughout this rule.

(b) “Cross-over claim” means a Medicaid claim filed on behalf of a Medicare beneficiary who is also eligible for Medicaid. The term includes claims filed on behalf of beneficiaries who are eligible for Medicaid in any category, including, but not limited to, qualified Medicare beneficiaries (QMBs) and beneficiaries who are eligible for full Medicaid coverage.

(c) “Medicaid allowable amount” means the reimbursement rate for a Medicaid claim as determined under state and federal law and policies. This reimbursement rate shall be the most recent rate on file with the office of Medicaid policy and planning or its contractor at the time a cross-over claim is processed.

(d) “Medicare coinsurance and deductible” means the Medicare cost-sharing costs described in 42 U.S.C. 1396d(p)(3)(B) through 42 U.S.C. 1396d(p)(3)(D).

(e) “Medicare payment amount” means the amount of payment made by Medicare to the provider for a given claim. It does not include coinsurance amounts or deductibles. (*Office of the Secretary of Family and Social Services; 405 IAC 1-18-1; filed Mar 18, 2002, 3:32 p.m.: 25 IR 2476*)

405 IAC 1-18-2 Reimbursement of nursing facility cross-over claims

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-15-14

Sec. 2. (a) Cross-over claims filed by nursing facilities are reimbursed as set out in this section.

(b) If the Medicare payment amount for a claim exceeds or equals the Medicaid allowable amount for that claim, Medicaid reimbursement will be zero (0).

(c) If the Medicaid allowable amount for a claim exceeds the Medicare payment amount for that claim, Medicaid reimbursement is the lesser of:

(1) the difference between the Medicaid allowable amount minus the Medicare payment amount; or

(2) the Medicare coinsurance and deductible, if any, for the claim.

(d) Cross-over claims filed by providers other than nursing facilities are reimbursed as described in section 3 of this rule. (*Office of the Secretary of Family and Social Services; 405 IAC 1-18-2; filed Mar 18, 2002, 3:32 p.m.: 25 IR 2477*)

405 IAC 1-18-3 Reimbursement of cross-over claims filed by providers other than nursing facilities

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-1-15; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-15-13

Sec. 3. (a) Notwithstanding 405 IAC 1-1-3(f)(2), cross-over claims filed by providers other than nursing facilities are reimbursed as set out in this section.

(b) Medicaid reimbursement will be equal to the Medicare coinsurance and deductible, if any, for the claim.

(c) Cross-over claims filed by nursing facilities are reimbursed as described in section 2 of this rule. (*Office of the Secretary of Family and Social Services; 405 IAC 1-18-3; filed Mar 18, 2002, 3:32 p.m.: 25 IR 2477*)

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